

SHASTA COUNTY CORONER'S OFFICE

SCSO Case # _____

Decedents Name: _____

Date of Birth: _____ Age: _____ M F

TOD: _____ By Who: _____

SS#: _____ DL# _____ Ht. _____ Wt: _____

Place of Death: Residence Address: _____

NOK: _____ Relationship: _____

NOK Phone: _____ Has the NOK been notified? Yes No

Medical History/Circumstances: _____

Feeling lately, SOB, ABD Pain?: _____

Medications / Fill Date: _____

_____ Within Normal limits: Yes No

Drug? No Yes Type/Amount/Duration _____

Alcohol? No Yes Type/Amount/Duration _____

Smoking? No Yes Type/Amount/Duration _____

PMD: _____ Last seen by PMD: _____

Any history of recent aspiration / choking event No Yes: _____

Any history of a contagious disease No Yes: _____

Any history of Falls/Fractures No Yes: _____

Any Covid or travel outside the US No Yes: _____

Last known alive? _____ **By Who:** _____

Where? Residence Other: _____

Where is Decedent located? _____ Clothing: _____

Position: Supine Prone Sitting Fetal Lt: Side Rt. Side Other: _____

Any Injury/trauma? No Yes: _____

Blood / Vomit / Purge? No Yes: _____

Any stairs or obstacles that the Mortuary needs to know about? _____

Mortuary? _____